

OBESITY PREVENTION PROGRAM

Arizona Department of Health Services

Family Workgroup

June 30, 2004

Attendance – 28 People

Welcome by ADHS

The purpose of this second workgroup meeting was to build on previous work by adding strategies, identifying criteria, and selecting strategies by a dot selection process. We reviewed the program's vision, mission and goals as well as previously determined group scope of work, ground rules, plan elements and timelines (all of which can be found in May's workgroup summary).

We were hoping to announce the members of the Obesity Prevention Program Advisory Team, however were not able to do so. While we appreciate the volunteers who did come forward, we are in need of some more diversity in our group; therefore we are still looking for more volunteers to serve our program in this capacity. If you are interested, please contact your staff liaison. When we have a slate of candidates, we will need to present them to our Director, Cathy Eden, for approval.

The staff liaison identified some elements that are important to keep in mind as we move through the process of writing the comprehensive state plan including the Social Ecological Model, Social Marketing, Centers for Disease Control and Prevention criteria for the grant and the concept of a state plan vs. a state health department plan.

All workgroup participants received a handout from the Washington State plan that outlines the Social Ecological Model. The model includes five spheres of influence that in turn affect each other. They include individual, interpersonal, institutional/organizational, community and public policy. Interventions should be based on this model, which focuses on the behavior choices of each individual as well as situations/factors within each sphere that can influence that behavior. Rather than focusing on personal behavior change interventions with groups or individuals, public health problems must be approached at multiple levels, stressing interaction and integration of factors within and across levels. ***If you did not attend the workgroup, you can get the handout at the next meeting.***

We also wanted to introduce the idea of social marketing to the workgroups. Social marketing is the application of commercial marketing concepts to the planning and implementation of programs intended to influence the voluntary behavior change of a target audience. Social marketing planning can be used to address health issues at all levels of the social-ecological model. Rather than dictating the way that information is being conveyed from the "top down", public health is using social marketing to listen to the needs and desires of the target audiences themselves and building the programs from there.

All workgroup participants also received a handout on the criteria outlined by the Centers for Disease Control and Prevention for the grant. ***You can view this separately online along with the summaries.*** These are things we have to keep in mind while moving forward with the plan.

Lastly, we wanted to re-emphasize how important it is to have buy-in from workgroup participants and local grassroots leaders. A state plan requires some of the planning and work to come from the state agency, but the bulk of the work is at the local level. It is therefore essential that we have local stakeholders who support this endeavor beyond the workgroup meetings.

Identified strategies

The workgroups reviewed the strategies from the last meeting and then did some more strategizing based on the CDC criteria that were posted for consideration. At the end of the session, the group did a selection process to select the strategies they would like to have included in the plan.

There was no limit on the number of BLUE dots they could use, however each participant could use one dot per strategy if they liked it but not more than one dot per strategy. For round two, participants were give only two RED dots to vote for the two most important strategies.

The strategies are listed in order of number of votes.

1. Use the “5-2-1-Go!” campaign from the MA Department of Health. **9 Red 12 Blue**
 - 5 fruits and vegetables, 2 or less hours of screen time, 60 minutes physical activity per day.
2. Promote benefits of family physical activity & 5-a-day at worksites. **8 Red 13 Blue**
 - Make time daily for family PA that is inclusive of non-traditional concepts, to include walks, household chores etc.
3. Create a Secretary of Physical Activity and Nutrition position to lead the charge. **8 Red 6 Blue**
4. Have/use/create a unified social marketing message(slogans) involving all sub-groups. **6 Red 6 Blue**
5. Coordinate leadership, such as Governor’s Council on PA, Healthy AZ 2010, Action for Healthy Kids, etc., to promote shared goals. **5 Red 18 Blue**
6. Develop a “Highlight Best Practices Campaign”, newspaper, radio, TV, Cox communication. **5 Red 13 Blue**
7. Recruit health advocate role models in leadership positions who have access to large corporations. **4 Red 9 Blue**
8. Promote Health Insurance discounts for people who practice healthy behaviors (ideal weight, PA etc..) **3 Red 13 Blue**
9. Establish the most important connection between Insurance Company and Employer. **2 Red 5 Blue**

10. Create a grassroots component that empowers local groups (churches, community groups etc.) to find and implement solutions to obesity and health issues. **2 Red 2 Blue**
11. Create a Breast Feeding Peer counseling program. **1 Red 12 Blue**
12. Use Public Service Announcements for reducing inactive screen time. Publicize television programming that incorporate activity for children during the viewing. **1 Red 10 Blue**
13. Develop screen time interactive media (DVD, video, computer games) that include PA. **1 Red 9 Blue**
14. Use a National Campaign Line “Healthy Living: It’s by Choice not by Chance!”. **1 Red 4 Blue**
15. Bring Farmers Market items to the families. **0 Red 17 Blue**
16. Develop Community Gardens. **0 Red 15 Blue**
17. Partner with Farmers Markets/Grocery Stores to purchase produce with vouchers and ensure fresh, high quality fruits and veggies get to low income areas. **0 Red 11 Blue**
18. Partner with grocery stores to deliver message of importance of “family meals”. **0 Red 9 Blue**
19. Develop a national median campaign with consistent messaging. **0 Red 8 Blue**
20. Develop computer games that require activity and interaction using latest tech. **0 Red 7 Blue**
21. Partner with Faith Community to provide weekly promotion of messages. **0 Red 6 Blue**
22. Create an Arizona Department of Health Services information clearing house. **0 Red 4 Blue**
23. Embrace Technology to promote PA. **0 Red 4 Blue**
24. Support and market the 24-hour hotline for Breastfeeding information and remove constraints preventing exclusive breastfeeding. **0 Red 3 Blue**
25. Create/Promote existing tools for personal accountability such as logs for healthy behaviors – physical activity and screen time. Use community and school incentives to use personal accountability tools. **0 Red 2 Blue**
26. Use Social Marketing for activity breaks during screen time. **0 Red 2 Blue**
27. Increase media literacy to teach families what real marketing messaging is. **0 Red 2 Blue**
28. Increase availability of breast pumps for ALL moms – do not assume higher socioeconomic groups can prioritize the purchase of breast pumps. **0 Red 1 Blue**
29. Use the “Make Your Move!” slogan. **0 Red 1 Blue**
30. Build a support system to keep healthy behaviors similar to the breast check campaign. **0 Red 0 Blue**

The following received zero voted:

- Promote healthy lifestyles using media slogan/tag lines.
- Create simple, strong messages for various segments of society that will spur action and create results, ie. “just do it!”

Parking lot:

- ❖ List current programs that are available (environmental scan)
All key players at table (need fast food industry, etc.)
Multiple faceted approach for each target area
media campaign that is sustained

Sustainable
education and ADE required school health curriculum and PA
changed policies: worksite wellness, insurance coverage, healthy communities

- ❖ Need to address child care facilities and pre-schools